

**County of San Diego, Health and Human Services Agency (HHSA)
General Relief (GR) Program Guide**

Granted

Number

90-250.6

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Revision Date:

October 24, 2016

Background:

This section provides information regarding the Granted worker's responsibility for medical verifications in the GR Program.

Purpose:

To provide instructions when processing GR cases for recipients aided under the Unemployable and the Able-bodied (AB) with light duty components.

Policy:

Recipients aided under the components of Unemployable and Able-bodied with light duty are aided thorough the month that the medical verification/General Relief Employable Evaluation (GREE) expires. Recipients who fail to provide medical verifications will be presumed able to perform the work project. Medical verifications are required at least annually; regardless of the actual length of time the customer is unable to perform the work project.

Procedure:

Workers will take the actions below when the medical verification is about to expire.

Step	Action						
1	Notify the recipient at least 20 days prior to discontinuance, that additional medical verification is required in order to continue aid or to remain exempt from performing the work project.						
2	Prepare forms 11-28 HHSA (Appendix G) and CSF 24 to provide notice to the recipient of the requirement to provide additional evidence of unemployability and the appointment with the CalFresh Employment & Training Social Worker (E&T SW).						
3	On the 11-28 HHSA, inform the recipient that his/her next month's grant may be reduced and he/she will be required to participate in the work project, if medical verification is not received.						
4	Consider the availability of GREE appointments when setting timeframes for mailing 11-28 HHSA form and the deadline for the recipient to contact the worker to schedule a GREE appointment. Due dates for providing medical verification and requests to convert to the AB component should be scheduled to allow sufficient time to prepare a timely and adequate NOA.						
5	Recipients who choose to go to a GREE Provider are required to contact their worker to schedule a GREE appointment. Prior to scheduling the appointment, the recipient must complete the 11-65 HHSA form.						
6	Upon receipt of a completed 11-65 HHSA form, schedule the GREE appointment and provide the customer with form 11-40 HHSA.						
7	<table><tr><th>If the recipient...</th><th>Then...</th></tr><tr><td>provides additional medical verification prior to the discontinuance date,</td><td>continue the case, if otherwise eligible.</td></tr><tr><td>fails to provide additional medical</td><td>convert the case to the AB</td></tr></table>	If the recipient...	Then...	provides additional medical verification prior to the discontinuance date,	continue the case, if otherwise eligible.	fails to provide additional medical	convert the case to the AB
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	verification by the due date,	component and the recipient must comply with the employable requirements.	
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Program Impacts:

None

References:

None

Sunset Date:

This policy will be reviewed for continuance on or by 10/31/2019

Approval for Release:

 10-25-14

Rick Wanne, Director
Eligibility Operations